

Assignment

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Case Study: Hospital at Home Program

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Case Study: Hospital at Home Program

Summary

Hospitals at Home, an innovative new program in New Mexico aimed at hospice care, is also one of the implementation models that focuses on quality improvement, patient satisfaction, and spending reduction. The program concerns specific essential problems of the health care organization, concentrating on the critical issues of supply and demand by transferring patients from hospital care to home care. As discussed in detail below, this case study employs the Strategic Management of Health Care Organizations framework to examine the program's strategic activities and results.

Key Issues

Three key issues define the program's challenges and opportunities:

- **Balancing cost efficiency with high-quality care:** Meeting the Client's needs by providing in-home nursing care as high as a hospital's without escalating operational costs.
- **Overcoming barriers to implementation:** Education, technology support, and funding as strategies are relevant to patient and caregiver engagement and program sustainability.
- **Ensuring scalability and sustainability:** Formulating a model that is adaptable to other areas and maintainable in the long run without producing a loss in efficiency or revenue was also crucial.

Situational Analysis

Operational costs and increased patient-care demand currently challenge the healthcare environment. Many factors are presented in a PESTLE analysis that affects this program. From the political perspective, home healthcare is well-regulated and economically positioned to support

the goal of cost control (Gorski, 2208). Telemedicine is viewed as helping implement the program, while social factor results put the focus on patient satisfaction.

A SWOT analysis shows that there are many opportunities, including improved patient experience as well as a decrease in hospital readmissions. Some possibilities include prospects for the enlargement of the program with the use of diverse populations. However, difficulties include meeting training needs and practical issues associated with bringing medical technologies into homes.

Strategy Formulation

The program's approach enhances communication technology to coordinate patient care and the discharge plan to the Home. Work with clinicians, patients, and payers by engaging them in protocol design to achieve the overarching objectives of broader healthcare policies.

Strategy Formulation

The program's approach engages technology and individual treatment plans for a safe transition from hospital to Home. Combined with clinicians, patients, and other co-coordinators of care, it is possible to develop protocols simultaneously in relation to the overall directions of healthcare.

Recommendation

To further enhance the program's success, the following recommendations are proposed:

- **Expand telehealth infrastructure:** Improve patient status and conditions awareness to create high-functioning communication processes between patients and their caregivers.
- **Collaborate with payers:** Home healthcare must create payment plans to support its financial viability (Schmaltz et al., 2024).

- **Implement robust staff training:** Enable those practicing in new paradigms of the healthcare delivery system to offer quality services.

Implementation Strategies

The program can achieve its objectives through the following actions:

- Working with technology solution vendors to design and deliver telehealth solutions.
- Piloting, in which users and organizations conduct mini-trial experiments of various forms to validate workflows before adoption.
- It focuses on how caregivers and patients can utilize community and other healthcare resources for patients transitioning to/from post-acute care and when patients have special needs.

Benchmarks for Success and Plans B

The definitive assessment data includes decreased hospitalization rates, increased patient satisfaction, and necessary cost savings. The 4 Ps of marketing communication mix will be used from these goals to monitor and evaluate the attainment of the set targets in the frequent assessment milestones (Yılmaz et al., 2024). Deriving contingencies from the arrangements made for generic issues and resource management forecasting, potential problems, and constant enhancement plans will be included.

Conclusion

The "Hospital at Home" concept is groundbreaking, for it aims to eventually meet some of the most important concerns related to the delivery of health services. Implementing vital strategic initiatives and encouraging cooperation among the organizational stakeholders lets the program set out as a scalable and effective model for the future of healthcare. Thus, flexibility and continuous assessment will guarantee its success and intended influence on the healthcare sector.

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